

REQUEST FOR PUBLIC RECORDS (PLEASE PRINT LEGIBLY)

NAME:		
ADDRESS:		
TELEPHONE #:		
EMAIL ADDRESS:		
DESCRIPTION OF PUBLIC RECORDS F	REQUESTED (PLEASE BE SP	PECIFIC):
DATE OF REQUEST:	TIME:	A.M. / P.M.
FOR US	E BY CITY ONLY	
Name of Employee Receiving Request:		
Suspense to Respond to Request (7 Busine	ess Days):	
Estimate of Possible Costs: \$.30/Page 81/2)	(11, 8½X14; 11x17; \$1.00/page	Color
Copies (If Requested):	X \$ =	
	X \$ =	
Electronic F	Records (If Requested and Avai	lable);
Charges For	Searching, Reviewing and Reda	acting: \$
<u>Total Estimate</u> (Indicate If Payment Receive	ed and Amount) \$	
<u>Date/Time</u> Requestor Notified Records Rea	dy:	
<u>Date/Time</u> Action Completed/ <u>Employee:</u>		
(Use the Back Of The Form If Necessary To Cald City Notes:	•)

**CONSISTENT WITH OTHER DUTIES, EVERY EFFORT WILL BE MADE TO MAKE THE RECORDS AVAILABLE AS

QUICKLY AS POSSIBLE**